

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Coff Neck</i> ^{Town}		<i>Char</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>8</i>	Age	Years	Months
Sex <i>Unknown</i>	Color or Race <i>White</i>	Birth-place <i>Coff Neck, Md.</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Geo Bailey</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Clara Bailey</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Wm Blair</i>			How related to deceased <i>No relation</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stu Born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. R. Perry</i>
	Address <i>Harris Loh</i>
	<i>Md</i>
Accident or Suicide?	



Name
In
Full

Martha Ann Brooks

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *New Prospect**Ches-*

Date

Month

Day

Years

Months

Days

of death *1906**May**28*

Age

*—**5**—*

Sex

*Girl*Color or
Race*Colored*Birth-
place*Ches. Co. Ind.*

Occupation

Where Residing if not
at place of death*at place of death*Married, Single
or WidowedName of Wife or
HusbandFather's
Name*Vincent Brooks*Father's
Birthplace*Ches. Co. Ind.*Mother's
Maiden Name*Hester Woodland*Mother's
Birthplace*Ches. Co. Ind.*Name of person giving
In formation*Vincent Brooks*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Acute Indigestion

How long

Two days -

Immediate

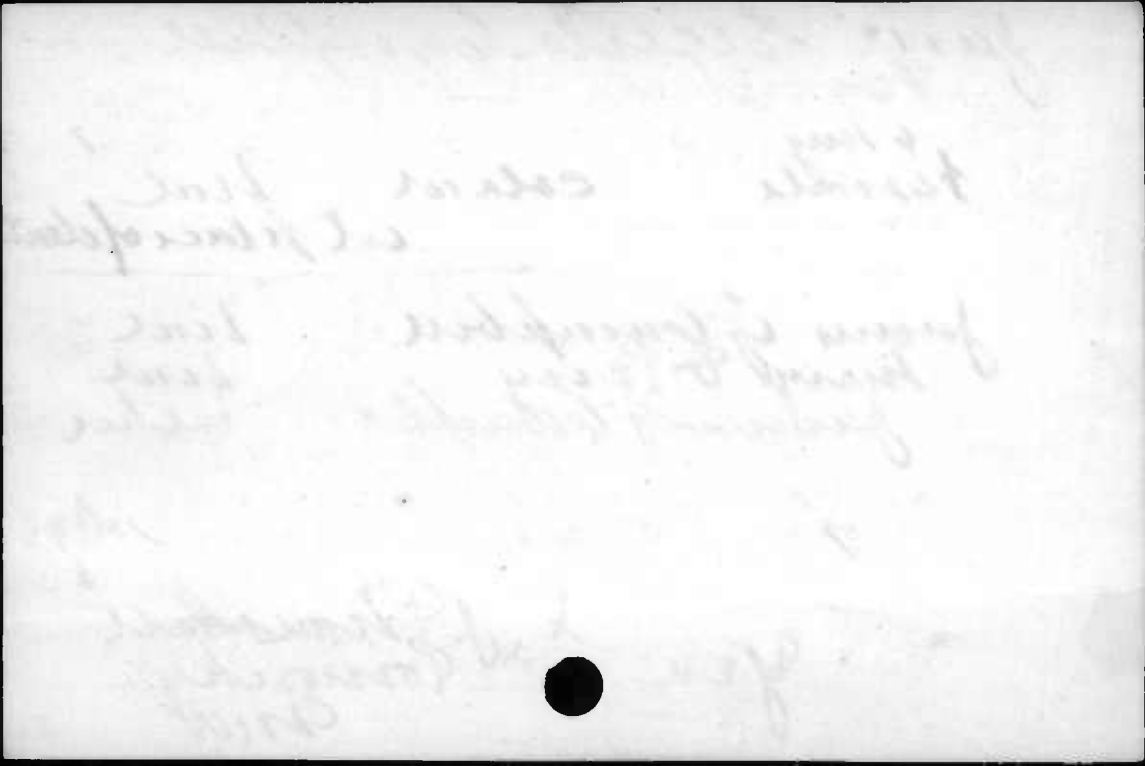
Are the name, age, sex, color, date
and place correctly given above?*Yes -*Signature of
Physician

Address

*J. C. Mitchell M.D.**Pomoxing
Ind -*

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

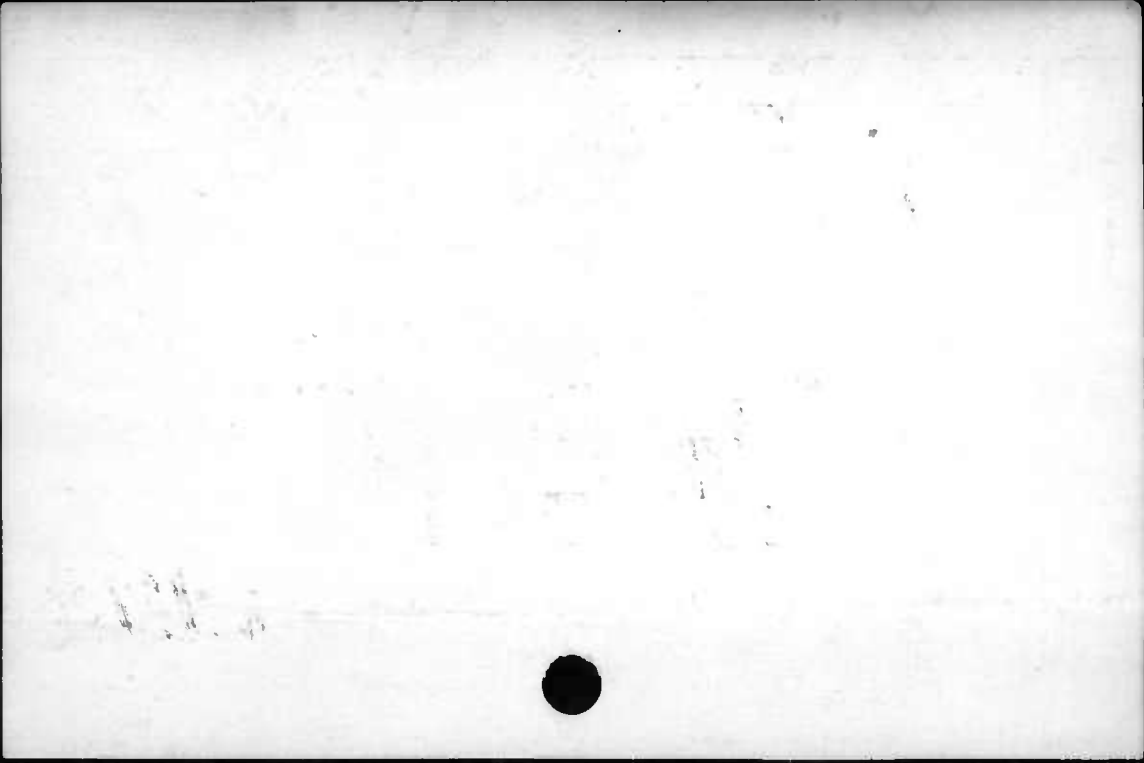
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Cecelia Campbell</i>		Town <i>Pomunkey</i>		County <i>Chas</i>		MARYLAND	
Died at		Date of death <i>1906</i>		Month <i>May</i>		Day <i>31</i>	
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth- place <i>Ind</i>		Where Residing if not at place of death <i>at place of death</i>	
Occupation <i></i>		Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>		Father's Name <i>James G Campbell</i>	
Father's Name <i>James G Campbell</i>		Mother's Maiden Name <i>Mary O Perry</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving In formation <i>James G Campbell</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hoopin Cough (8)</i>		How long <i>7 days</i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J P Thomas</i>	
Accident or Suicide? <i></i>		Address <i>Pomunkey Ind</i>	



Name
in
Full

Samuel Cox Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>May</i>	Day <i>51</i>	Age <i>59</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Charles Co.</i>		
Occupation <i>Landscape</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Hannie K. Cox</i>				
Father's Name <i>John K. Robertson</i>			Father's Birthplace <i>Charles Co.</i>		
Mother's Maiden Name <i>Lillian Cox</i>			Mother's Birthplace <i>Charles Co.</i>		
Name of person giving information <i>Emil W. Robertson</i>			How related to deceased <i>Half Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>6 Mv.</i>
Immediate <i>Cerebrary Par. (Coma)</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. J. J.</i>
	Address <i>Bel Air Md</i>
Accident or Suicide?	



Name in Full		Robert Davis				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Doncaster		Charles		MARYLAND		
		Date of death		Month	Day	Years	Months	Days
		1906		May	19	Age 10	9	
		Sex		Color or Race		Birth-place		
		Male		W		Charles		
		Occupation		Laborer		Where Residing if not at place of death		
		Doncaster						
		Married, Single or		Name of Wife or Husband				
		Widowed						
		Father's Name		Father's Birthplace				
		Jerry Davis		Charles				
		Mother's Maiden Name		Mother's Birthplace				
		Mary A Mills		" " "				
		Name of person giving information		How related to deceased				
		Jerry Davis		Father				
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Dropsey		How long		
						11 weeks		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address		
				Maximilian Clement		Ironside MA		
						Sub Regt.		
		Accident or Suicide?						



Name
in
Full

Robert Lee Dent

CERTIFICATE OF DEATH

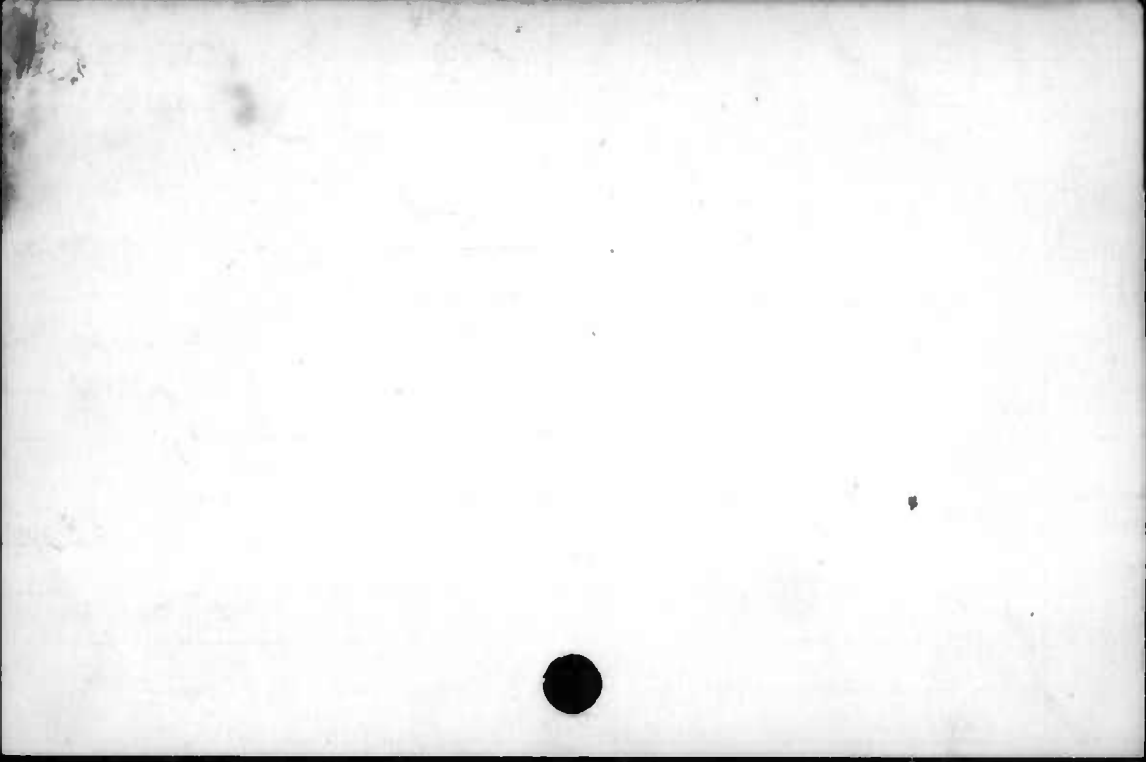
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hill Top</i> Town		<i>Chap</i> County		STATE OF <i>MARYLAND</i>	
Date of death <i>1904</i>	Month <i>May</i>	Day <i>5</i>	Age <i>18</i>	Years	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>White</i>		
Occupation <i>Nothing</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Thos Dent</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Kate Dent</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Thomas Dent</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart trouble</i>	How long <i>Some time</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. Smith</i>
	Address <i>House No. 100 E. St.</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

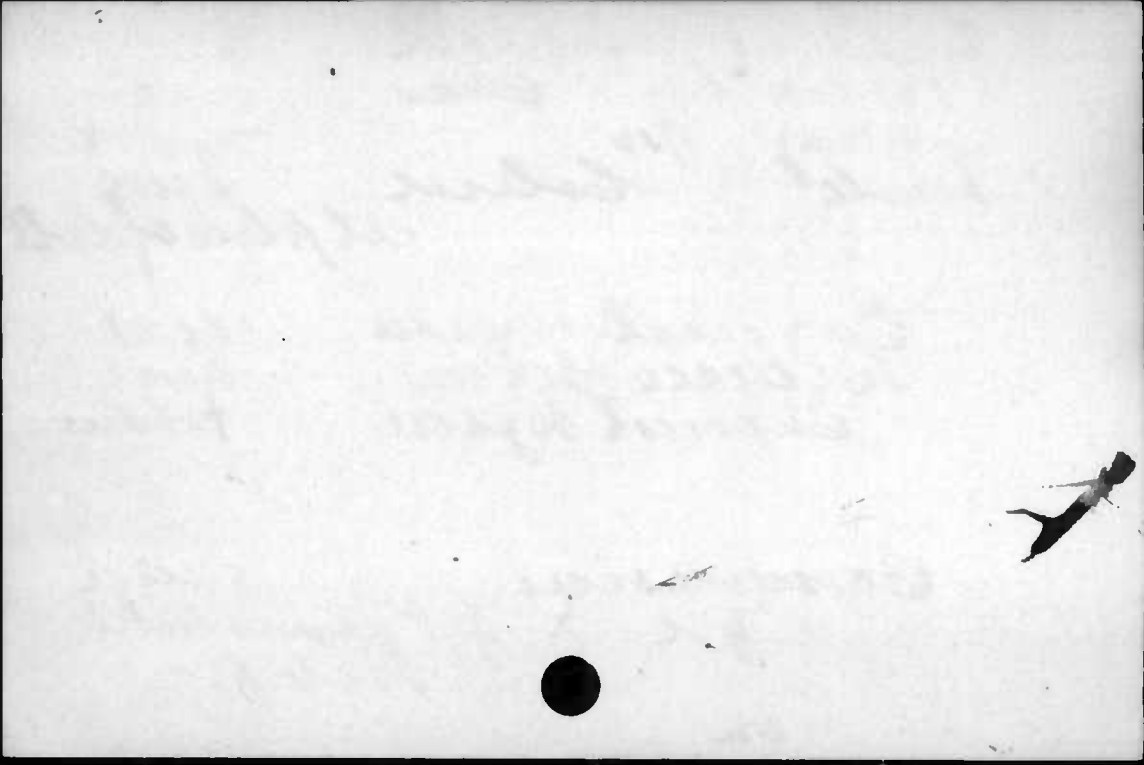
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Doncaster</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	<i>1906</i> ^{Month}	<i>May</i> ^{Day}	<i>14</i> ^{Age}	<i>1</i> ^{Years}	<i>0</i> ^{Months}
Sex	<i>male</i>	Color or Race	<i>col B</i>	Birthplace	<i>Charles</i>
Occupation			Where Residing if not at place of death <i>Doncaster</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Henry Dunnington</i>			Father's Birthplace <i>Charles</i>		
Mother's Maiden Name <i>Creola Jackson</i>			Mother's Birthplace <i>1 1 1 1</i>		
Name of person giving information <i>Alonza Jackson</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hopping Cough</i>	How long	<i>2 or 3 mo</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Maximilian Clement</i>	
		Address <i>Lev Dept</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James Hyson		Town Pomoke		County Chas		MARYLAND	
Died at Pomoke		Month May		Day 12		Age 5	
Date of death 1906		Sex Male		Color or Race Colored		Birth-place Dica	
Occupation 				Where Residing if not at place of death at place of death			
Married, Single or Widowed 				Name of Wife or Husband 			
Father's Name Carquest Hyson				Father's Birthplace Ind			
Mother's Maiden Name Rebecca Hyson				Mother's Birthplace Ind			
Name of person giving information Carquest Hyson				How related to deceased father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Commotion		How long 5 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. P. Marshall	
Accident or Suicide? No		Address Sub Rg	



Name
in
Full

Mary C Easton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Pisgah</i>		Town <i>Char.</i>		County		MARYLAND	
Date of death	1906	Month	May	Day	25	Age	5 Months 21 Days
Sex	Female		Color or Race	Colloid		Birthplace	near Pisgah
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	S		Name of Wife or Husband	none			
Father's Name	Albert Easton					Father's Birthplace	MD.
Mother's Maiden Name	Ida Brown					Mother's Birthplace	MD.
Name of person giving information	Ida Brown					How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>whooping cough</i>		How long	<i>Three Weeks</i>
Immediate	<i>Supercutaneous</i>		How long	<i>20 Hours</i>
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		none in attendance		
Address		<i>Pisgah MD.</i>		
Accident or Suicide?		Sub Registrar		



Name
in
Full

Samuel Garner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Johnston</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>3</i>	Years <i>64</i>	Months Days
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>Charles Co.</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margret Garner</i>				
Father's Name <i>Hamilton Garner</i>	Father's Birthplace <i>Charles Co.</i>				
Mother's Maiden Name <i>Jennie Wright</i>	Mother's Birthplace <i>Charles Co.</i>				
Name of person giving information <i>John H. Beaune</i>	How related to deceased <i>Brother in law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pericardial Malaise</i>	How long <i>4</i>	<i>5 days</i>
Immediate <i>Cerebral Anger (Coma)</i>	How long <i>8 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. ...</i>	
	Address <i>Bel Air</i>	
Accident or Suicide?	<i>No</i>	

August 1891
H. H. H. H.

Went to
H. H. H. H.

Robert H. H. H.
H. H. H. H.
H. H. H. H.

Went to
H. H. H. H.
H. H. H. H.

Name
in
Full

CERTIFICATE OF DEATH

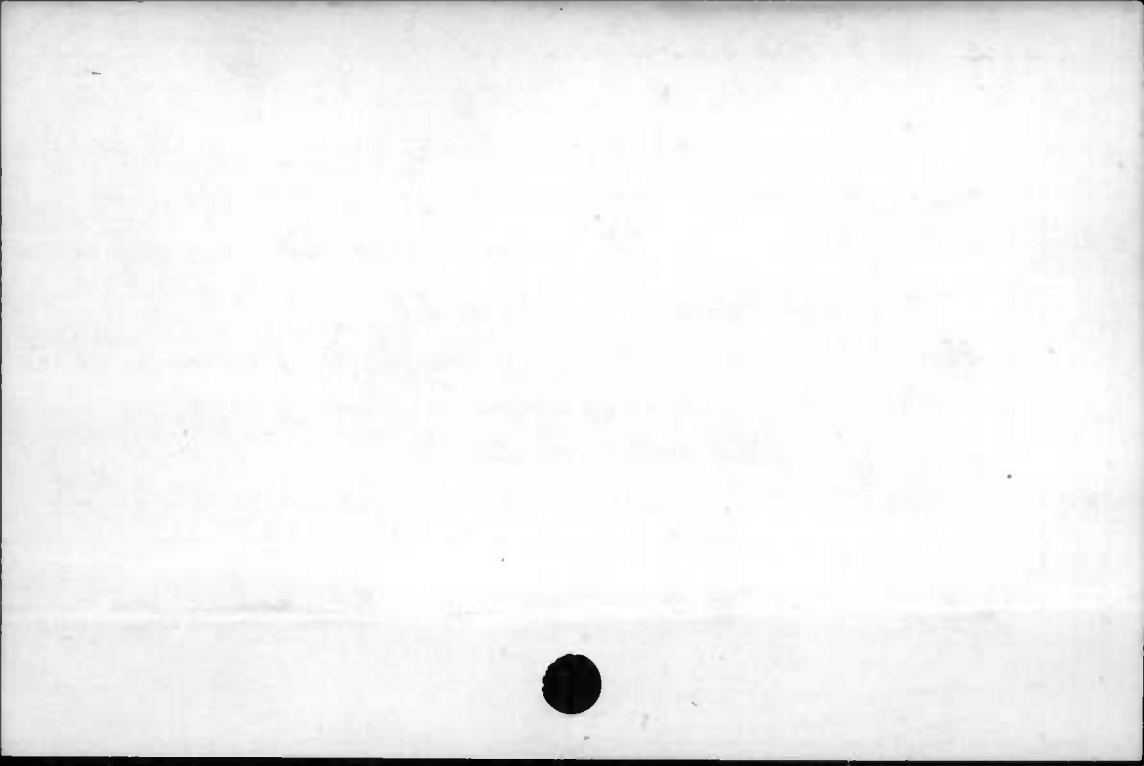
TO BE ANSWERED BY
NEAREST FRIEND

Margrate Huoken		Town		County		MARYLAND	
Died at		Personkey		Char			
Date of death		1906	Month	May	Day	Age	Years
							Months
							Days
Sex		Female		Color or Race		Dark	
Occupation				Birth-place		Ind	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Robert Huoken			
Mother's Maiden Name				Emel Bowman			
Name of person giving information				Robert Huoken			
Father's Birthplace				Ind			
Mother's Birthplace				Ind			
How related to deceased				father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	3 days
Signature of Physician	J P Marshall
Address	Personkey
Accident or Suicide?	



Francis Plowden Jenkins

Town

County

Died at

Near La Plata

Charles

MARYLAND

Date

1906

Month

Day

Y.

M.

D.

Native of

Occupation

1906

5-24

Age 51

Chas. Co. Md

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Mary Bertha Jenkins

Father's

Name

Geo. P. Jenkins

Mother's

Name

Henrietta Jenkins

Cause of

Primary

Brights with Cardiac Compl

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Jno. T. Diggs, Md

Address

Port Tobacco

Chas Co

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

G. R. Roby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Four White Plains</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>15</i>	Age <i>61</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Not</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs. Roby</i>				
Father's Name <i>J. H. Roby</i>	Father's Birthplace <i>ms</i>				
Mother's Maiden Name <i>Nancy Finney</i>	Mother's Birthplace <i>ms</i>				
Name of person giving information <i>Marion Roby</i>	How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Leucitis</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. O. Shumate</i>
	Address <i>Waldorf</i>
Accident or Suicide? <i>—</i>	<i>ms</i>



Name
in
Full

Paul Thorne

CERTIFICATE OF DEATH

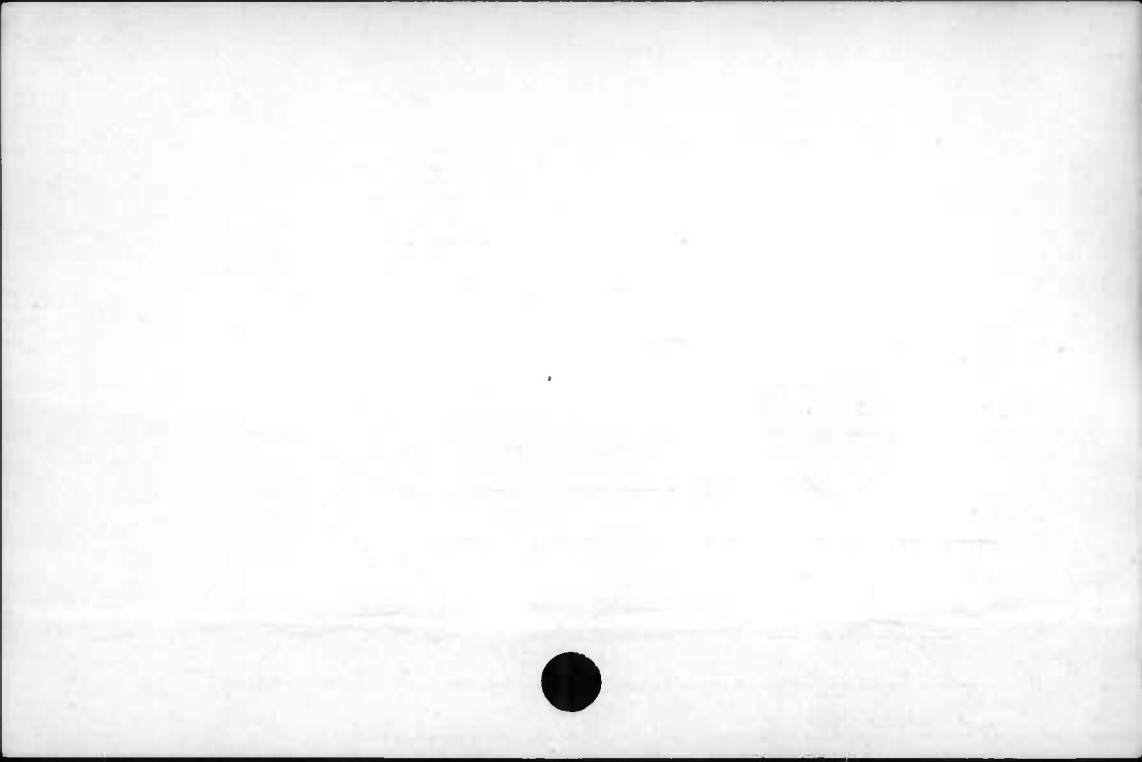
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pomonkey</i>		Town <i>Pomonkey</i>		County <i>Charles</i>		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>13</i>	Age	<i>10</i>	Years <i>3</i>	Months <i>3</i>
Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Chas Co. Md</i>
Occupation	<i>None</i>			Where Residing if not at place of death		<i>at place of death</i>	
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Wm H. Thorne</i>				Father's Birthplace <i>Chas. Co. Md.</i>			
Mother's Maiden Name <i>Mary B. Butler</i>				Mother's Birthplace <i>Chas. Co. Md.</i>			
Name of person giving information <i>Wm H. Thorne</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Tubercular Pneumonia</i>	How long	<i>6 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. W. Mitchell</i>
<i>yes</i>		Address	<i>Pomonkey Md.</i>
Accident or Suicide?			
<i>no</i>			



Name
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Full

Francis Cecil Thompson

CERTIFICATE OF DEATH

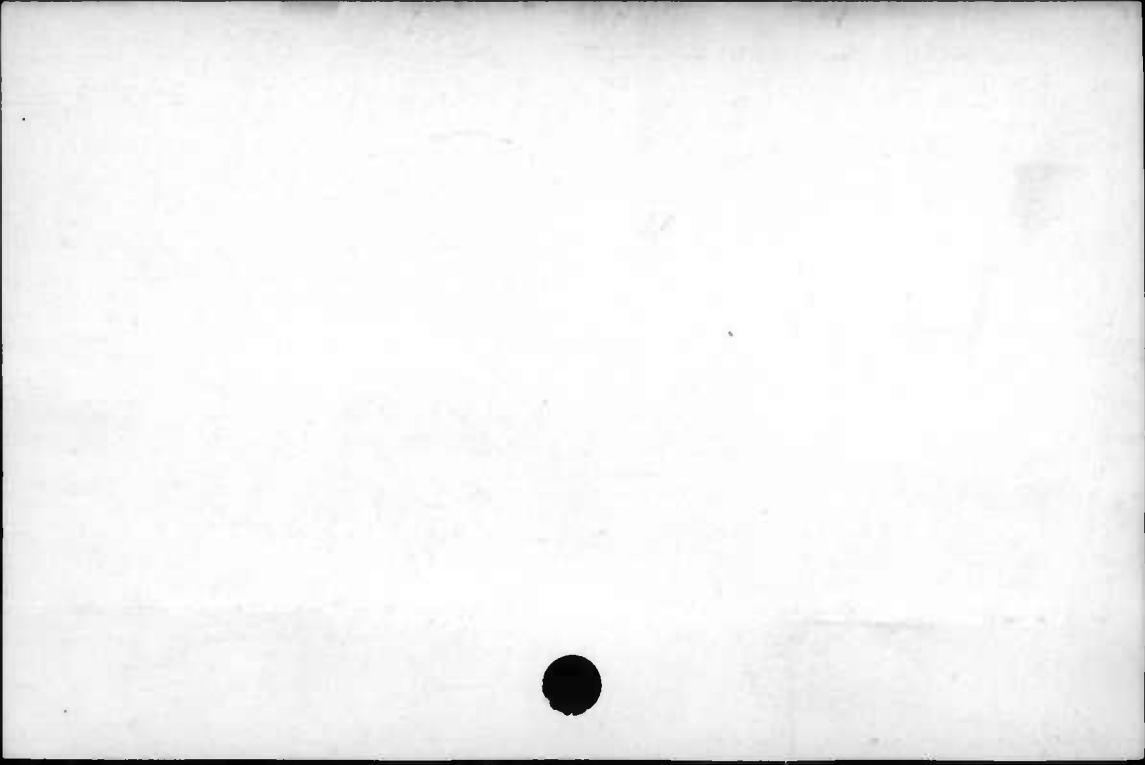
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pennocky</i>		Town <i>Ches</i>		County		MARYLAND	
Date of death	1906	Month	May	Day	23	Years	4
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ches. Co. Ind.</i>		Months	Days
Occupation <i>None</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>No</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Geo. T. Thompson</i>		Father's Birthplace <i>Ches. Co. Ind.</i>					
Mother's Maiden Name <i>Laura D. Thompson</i>		Mother's Birthplace <i>Ches. Co. Ind.</i>					
Name of person giving information <i>Geo. T. Thompson</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>Two weeks</i>
Immediate	<i>Broncho-pneumonia</i>	How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
		Address <i>J. W. Mitchell</i>	
Accident or Suicide? <i>No</i>		<i>Pennocky Ind.</i>	



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CERTIFICATE OF DEATH

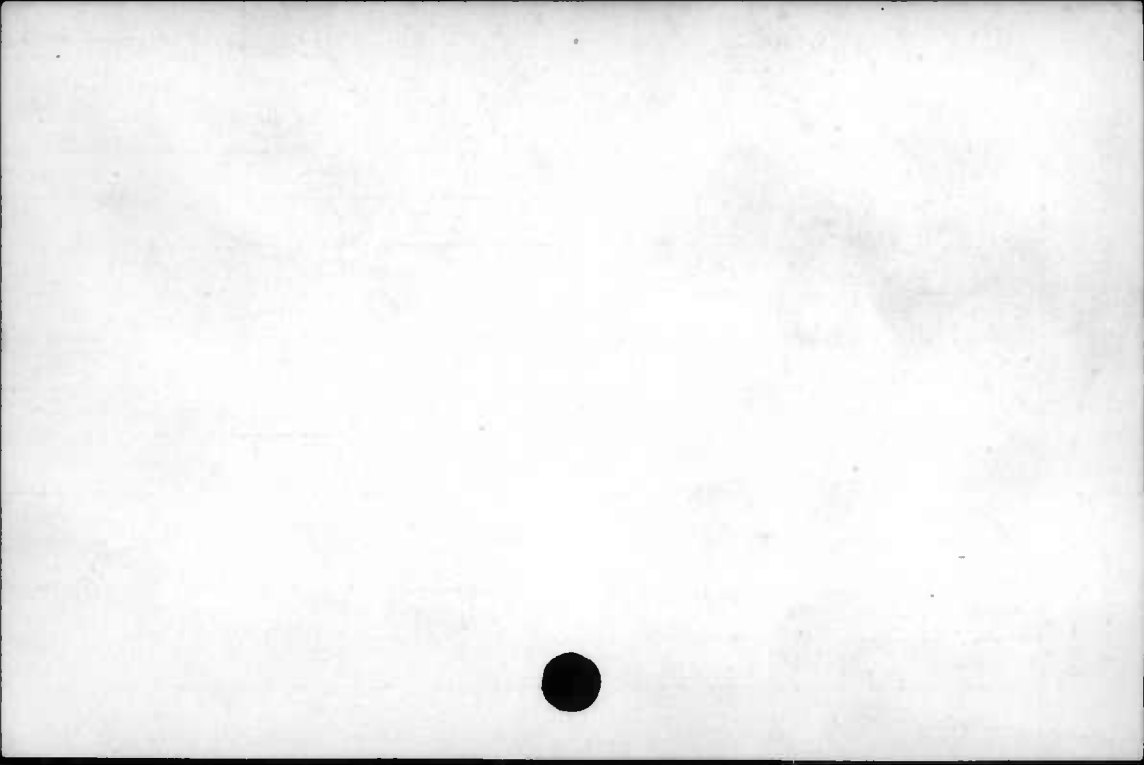
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary P. Wright</i>				Town <i>Ranney</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1906</i>		Month <i>May</i>		Day <i>24</i>		Age <i>52</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		Months		Days	
Occupation <i>—</i>				Where Residing If not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Jabez Wright</i>							
Father's Name <i>N. Allen</i>				Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Anna Stewart</i>				Mother's Birthplace <i>md</i>					
Name of person giving information <i>J. N. Wright &</i>				How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Died suddenly heart failure from exhaustion</i>		How long <i>—</i>	
Immediate <i>Excitement during burning of her house</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. S. Speake, M.D.</i>	
		Address <i>Grayton md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Albin Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bury</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>May</i>	Day <i>10</i>	Age <i>—</i> Years	Months <i>9</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>L</i>		Birth-place <i>Ind</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Young</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Julie Moralee</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>William Young</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malassimilation</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>Short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. O. Turner</i>
	Address <i>Woods Ind</i>
Accident or Suicide? <i>—</i>	

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